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7590 01/22/2007

Ross Products Division
 Abbott Laboratories
 625 Cleveland Avenue
 Columbus, OH 43215

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Wendy Detwiler

(Depositor's name)

April 16, 2007

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/784,451	02/23/2004	Bonnie Chandler Abbruzzese	5863.US.C3	8234

TITLE OF INVENTION: METHOD FOR THE PREVENTION AND TREATMENT OF CACHEXIA AND ANOREXIA

04/23/2007 NNGUYEN2 00000035 010025 10784451

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	04/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHANG, CELIA C	1625	514-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 William J. Winter

2 Thomas D. Brainard

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Abbott Laboratories

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

100 Abbott Park Road
 Abbott Park, IL 60064

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-0025 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 16, 2007

Typed or printed name William J. Winter

Registration No. 36,060

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